



Arizona WIC Program-Stage 1 Observations



REVIEWER: _____

DATE: _____

AGENCY: _____

CLINIC: _____

		Notes
Certifier Name		
Participant ID No.		
Category		
Intake/Family Information		
Invest in the Interaction		
Greeted Client/Introduced Self	0 1 2 3	
Explained purpose of the interview		
Asked permission to review and verify documents		
Proof of ID was provided and recorded correctly		
Proof of address was provided and recorded correctly		
Voter Status updated/ Offer of registration completed		
Education Level Collected/Updated		
Staff verified confidentiality of participant address and phone number		
Staff collected and verified accurate date of birth for first authorized representative		
Proxy policies followed (signatures collected, if applicable)		
Client being certified physically present (physical presence policy being followed)		
Signature obtained for "No proof exists- ID/Address/Income" (if applicable)		
Rights & Obligations Form; the certifier read (at minimum):		
• Healthful Information		
• Fair Treatment		
• Honesty		
• Accurate Information		
• Good Use of the Program		
• Protect Your Benefits		
Signed by representative(s)		

√ = Complete, done correctly

N/A = Not applicable

Ø = Incorrectly done or not done

0* 1* 2* 3*

*See Scale Rubric for Arizona WIC appointments

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Clients are informed the R&O are located in the food list folder		
Client		
Accurate birth date & Gender collected and documented correctly		
Proof of Identification provided and recorded accurately		
Child linked to mother's ID or reason not linked selected		
Foster Status Documented (if applicable)		
Race and ethnicity data collected accurately (at initial cert only)		
Income		
Family size determined correctly		
"Unborn counted" determined correctly		
Participation in adjunctively eligible programs documented correctly (if applicable)		
Proof of Income provided and recorded accurately		
Signature obtained for Zero Income (if applicable)		
Signature obtained for Forgot Documentation (if applicable)		
Signature obtained for No Proof Exists (if applicable)		
Signature obtained for Income Ineligible & copy provided to Authorized Rep (if applicable)		
Separation of duties is consistent with Local Agency policy		
Certification		
Date(s) correctly recorded for last menstrual period/expected delivery date/actual delivery date (if applicable)		
Immunizations		
Immunizations documented correctly (if applicable)		
Customer Service		
Staff logged out of HANDS or locked computer when leaving the workstation		
Clinic environment ensures confidentiality and privacy is maintained		
Accommodations were made to provide services/forms in participant's preferred language/ Focused on client when a translator was used		
Staff focused on the client and not the		

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computer		
Staff informed client of the right to complain/ complaint hotline number		

NOTES:

Participant Name and ID #	Discussion points with the certifier:
	<p>How do you feel the appointment went?</p> <p>What areas do you feel you do well on?</p> <p>What might you do different next time?</p> 

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